## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat											
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
69095 7590 06/16/2009					Cartificate of Mailing or Transmission						
STROOCK & STROOCK & LAVAN, LLP					I hereby certify that this Fee(s) Transmittal is being deposited with the United						
180 MAIDEN LANE					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
NEW YORK, NY 10038					transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)						
								<del>.</del>	(Signature)		
									(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN				ATTORNEY DOCKET NO.			ONFIRMATION NO.		
10/718,804	11/24/2003		Michael L. Boyer I	II		001227/1144			3096		
TITLE OF INVENTION	: DEMINERALIZED B	ONE IMPLANTS									
			T	Т							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE T	OTAL FEE(S)	DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300		\$0		\$1810		09/16/2009		
EXAMINER		ART UNIT	CLASS-SUBCLASS								
RAMANA, ANURADHA 377.  1. Change of correspondence address or indication of "Fee Address or indication o			623-023630								
<ol> <li>Change of corresponde CFR 1.363).</li> </ol>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys										
Change of correspondence address (or Change of Correspondence or agen				agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form registered					name of a single firm (having as a member a red attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-0 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type	e)						
PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the Tasubstitute for filing	he pai	tent. If an assigne ssignment.	ee is identi	fied below, t	the docum	nent has been filed for		
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Synthes USA, LLC West Chester, PA											
Please check the appropriate assignee category or categories (will not be printed on the patent):											
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (	Pleas	se first reapply an	v previous	lv paid issue	e fee shov	vn above)		
✓ Issue Fee	A check is enclose										
					credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any defic overpayment, to Deposit Account Number 19-4709 (enclose an expression of the control of the								ny deficie ose an ext	ncy, or credit any tra copy of this form).		
5. Change in Entity Sta	,	*	<b>п</b>	_							
1.1	s SMALL ENTITY state		b. Applicant is no								
interest as shown by the	records of the United Sta	uired) will not be accepte ites Patent and Frademark	c Office.	ian m							
Authorized Signature	Disseppe )	Molor (	52,039)		DateRegistration N	07.	15, 2	009	•		
Typed or printed name Brian M. Rothery					Registration N	<sub>o.</sub> 35,	340				
71 1		CFR 1.311. The information	on is required to obtain	or re							
an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V	tiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DO	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	1.14. This collection is depending upon the incernation Officernation Officernation	s esti ndivi fficer	mated to take 12 n dual case. Any co ; U.S. Patent and	ninutes to o mments on Trademark	complete, including the amount of Office, U.S.	luding ga of time y Departm	thering, preparing, and ou require to complete ent of Commerce. P.O.		
Alexandria, Virginia 223 Under the Paperwork Re		persons are required to re	spond to a collection of	f info	rmation unless it d	lisplays a v	alid OMB co	ntrol nun	nber.		